

CERTIFICATE OF DEATH
NAVMED-N (REVISED 1-1-49)

See M. M. D. for instructions regarding
number of copies and submission

FROM U. S. NAVAL STATION, NAVY #3002
(Ship or Station)

IF UNIDENTIFIED INDICATE
BY USING "X" AND CONSEC-
UTIVE NUMBER HERE

1. NAME SCHRAMD, Martin D.					2. SEX MALE ☒ FEMALE ☐		3. RACE WHITE ☒ NEGRO ☐ OTHER (Specify)		
4. STATUS REGULAR ACTIVE ☒ RESERVE ACTIVE ☐ RETIRED ☐ DEPENDENT ☐ VAP ☐ OTHER (Specify)					5. LENGTH OF SERVICE YEARS <u>1</u> MONTHS <u>2</u>		6. AVIATION YES ☐ NO ☐		
7. FILE OR SERVICE NO. <u>1639994</u>		8. RANK OR RATE <u>PVT</u>		9. CORPS <u>USMC</u>		10. BRANCH OF SERVICE <u>USMC</u>		11. PLACE OF BIRTH <u>Cincinnati, Ohio</u>	
12. DATE OF BIRTH (Month) <u>February</u> (Day) <u>25</u> (Year) <u>1939</u>			13. AGE (Years) <u>18</u> (Months) <u>10</u> (Days, if under 1 year)			14. RELIGION <u>CATHOLIC</u>			
15. COLOR OF EYES <u>Gray</u>		16. COLOR OF HAIR <u>Blond</u>		17. COMPLEXION <u>Ruddy</u>		18. HEIGHT <u>72 "</u>		19. WEIGHT <u>160 Lbs</u>	
20. MARKS AND SCARS (Noted in health record)								21. FINGERPRINT  STATE WHICH FINGER (Right index preferred)	

22. NEXT OF KIN OR FRIEND (Relation) (Name) (Address)
(Mother) Mary E. SCHRAMD - 3725 Graham Ave., Cincinnati, Ohio

23. ADMITTED TO SICK LIST FROM (If on active duty, last duty station before current admission to sick list) 24. DATE ADMITTED TO SICK LIST (Month) (Day) (Year)

25. PLACE OF DEATH 26. TIME OF DEATH (Month) (Day) (Year) (Hour)
Station Hospital, U. S. Naval Station, Navy #3002 Jan. 5 1958 1930

27. CAUSE OF DEATH	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH. (This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)		(a) <u>WOUND, MISSILE, LEFT AXILLA (3255)</u>	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES. (Morbid conditions, if any, giving rise to above cause (a), stating the underlying cause last.)		DUE TO (b)	
			DUE TO (c)	
	II. OTHER SIGNIFICANT CONDITIONS. (Conditions contributing to death but not related to the disease or condition causing death.)			

28.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
DO NOT WRITE IN THIS SPACE	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80

(Continued)

29. NAME

COOPER, Martin D.

30. SUMMARY OF FACTS RELATING TO DEATH:

This Marine PVT was brought into the Emergency Room of the U. S. Naval Station Hospital, Navy #3002 at 1000 P.M. He gave only one apical movement after arrival, never breathing. His heart was not heard and pulse not felt to beat after arrival. Pronounced dead on arrival at that time.

The patient was without shirt; his pants were soaked with blood over their entire posterior surface.

The wounds are as follows: Wound (1) is in left axilla, slightly anterior to the center thereof it is a 1" diameter circular gaping hole with ragged edges but beveled inward. Fragments of clothing (green, marino) are found in this wound. Wound (2) is a series of approximately 5 1/4 inch perforations centered about 2 inch from the left base of the neck on top of the left shoulder. No wounds of head or neck. No other wounds. The left shoulder bones (clavicle scapula and ? humerus) are comminuted.

CERTIFIED TO BE A TRUE COPY

J. B. Lusk
J. B. LUSK, CMSG, USN

31. (To be completed in the case of Active Duty Personnel only)

32. KEY LETTER

DEATH is not THE RESULT OF OWN MISCONDUCT, AND is IN LINE OF DUTY.
(Is or is not) (Is or is not)

33. DISPOSITION OF REMAINS

Shall be transferred to Manila Air Station Mortuary for preparation and encasement awaiting disposition instruction from next of kin.

34.

DATE SIGNED JAN 3 1958 SIGNATURE G. P. ROBERTSON JR. 1st (MC) USNR
(Medical Officer) (Rank)

35.

APPROVED: COURT OF INQUIRY OR BOARD OF INVESTIGATION will BE HELD.
(Will or will not)

ADMINISTRATIVE REPORT JAN 3 1958 BE SUBMITTED.
(Will or will not)

DATE SIGNED JAN 3 1958 SIGNATURE G. P. KRICK CAPTAIN USN
(Commanding Officer) (Rank)